

PARENT LETTER/SCHOOL MEAL PROGRAMS

Dear Parent/Guardian:

The _____ School/District takes part in the National School Lunch and/or Breakfast Program. Meals are served every school day. Children may buy lunch for _____ and breakfast for _____. Meals are also available free or at a reduced price. A child may be eligible for free or reduced-price meals if they are from households receiving Food Stamps, Cash Assistance (CA), Food Distribution Program on Indian Reservations (FDPIR), or have a total household income at or below the amounts on the income chart. The cost of a reduced-price meal is _____ for lunch and _____ for breakfast. Foster children may be eligible for benefits regardless of your income. Please follow the instructions below to apply.

INCOME CHART

Effective from July 1, 2004 to June 30, 2005

Household Size	<u>Annual</u>	<u>Month</u>	<u>Week</u>
1	\$17,224	\$1,436	\$332
2	23,107	1,926	445
3	28,990	2,416	558
4	34,873	2,907	671
5	40,756	3,397	784
6	46,639	3,887	897
7	52,522	4,377	1,011
8	58,405	4,868	1,124
For each additional family member add.....	+5,883	+491	+114

HOW TO APPLY

FOOD STAMP, CA, OR FDPIR HOUSEHOLDS: If you are currently receiving food stamps, CA or FDPIR benefits, a *Free Meals Program Letter* **will not be mailed to you.** The district now has access to a Direct Certification System and is able to verify households receiving DES benefits. These children will be automatically qualified to receive free meals. The School/District will notify the household of the child's free meal benefits. If you are currently receiving FDPIR benefits, you will receive a letter indicating that you are certified to receive FDPIR. A copy of this letter may be obtained from your Indian Tribal Organization. If you wish for your child to receive free meal benefits, please submit a copy of this letter to your child's school. If you have not received a copy of this letter, complete the application with your child's name, FDPIR case number and the signature of one adult household member.

ALL OTHER HOUSEHOLDS: If your household income is at or below the level shown on the scale above, your child may be eligible to receive either free or reduced-price meals. Fill in the application with the names of everyone in the household, the amount of income each household member receives, how often the income is received, where the income comes from, and the signature and social security number of one adult household member. If the adult signing the application does not have a social security number, please check the appropriate box.

◆ **VERIFICATION:** Your eligibility may be checked by school officials at any time during the school year. You may be asked to submit information to prove that your child is eligible to receive free or reduced-price meals.

◆ **FAIR HEARING:** If you do not agree with the school's decision on your application or the results of verification, you may wish to discuss it with the school. You also have the right to a fair hearing. You can do this by contacting the following official:

Name _____ Phone _____ Address _____

◆ **CONFIDENTIALITY:** The information you give on the application will be used only to allow your child to receive free or reduced-price meals and to verify eligibility.

◆ **REAPPLICATION:** You may apply for free and reduced-price meals at any time during the school year. If you are not eligible now but later have a change in income, household size, and employment status or begin receiving food stamps, CA or FDPIR for your child, complete and submit another application.

◆ **CHILDREN WITH DISABILITIES:** If a child has been determined by a doctor to be handicapped and the handicap would prevent the child from eating the regular school meal, this school will make any substitutions prescribed by the doctor. If a substitution is needed there will be no extra charge for the meal. If you believe your child needs substitutions because of a handicap, please contact us for further information.

"The United States Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation (see below for definition, readers should be able to click on sexual orientation for the definition), and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer."

Applications will be determined by _____.
(Name/Title of Determining Official)